

COUNTY:

[] ADP 1584 FORMS

Please complete this certification form (for override code "Y") for multiple services provided to a client for the same day.

[illegible]

1. The client could not receive all necessary services at one time. The client record clearly documents the date and time of day each visit was made and that the return visit was not a hardship on the client.
2. Crisis visit. Services are documented in client record.
3. Collateral services. Services are documented in client record.
4. This service has been erroneously billed and has been reported to the Department of Alcohol and Drug Programs, by the provider, on disallowance form ADP 5035B. (A copy of the disallowance form must be attached)
5. This is a duplicate claim due to a key entry error by the state (a copy of the original claim and the error correction report must be attached).

Title: _____

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